

**BLEUS & ASSOCIATES, LLC**  
**ATTORNEYS AT LAW**  
2633 DAKOTA, NE  
ALBUQUERQUE, NM 87110

Tel: (505) 884-9300

Fax: (505) 884-9305

May 12, 2016

*Via Facsimile (505) 256-0179 and Certified Mail #7015 0640 0001 2749 4839*

**SECOND NOTICE**

K-Mart Store  
**ATTN: LEGAL DEPARTMENT**  
2100 Carlisle Blvd NE  
Albuquerque, NM 87110

**RE: MY CLIENT: JONATHAN SORENSEN (DECEASED)**  
**DATE: MAY 3, 2016 .**  
**SUBJECT: PRESERVATION OF EVIDENCE**

To Whom It May Concern:

I represent the estate of Mr. Jonathan Sorenson who was killed on May 3, 2016 in a K-Mart Store. His wrongful death occurred on May 3, 2016 at the K-Mart located at 2100 Carlisle Blvd NE in Albuquerque, New Mexico. This letter is a demand to preserve any and all evidence of this incident. This letter places you on notice that any destruction or alteration of any evidence relating to this incident will result in legal action.

**I am specifically demanding that K-Mart preserve all records in any way relating to Mr. Sorensen's death, including video, photographs, images, surveillance footage, incident report(s), emails, memos, phone messages, texts, emails, calls, records witness statements, witness statement, human resource investigations, etc.**


Please direct all correspondence, inquiries, or requests for interviews and information to my office. Should you have any questions or comments, contact me at the address provided.

Very truly yours,

**BLEUS & ASSOCIATES, LLC**

  
George Anthony Bleus, Esq.  
Nicholas J. Rimmer, Esq.

NR/kk

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>J. Sorensen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <p><b>K-Mart / Legal Dept.</b>  <b>2100 Carlisle Blvd NE</b>  <b>Albuquerque NM 87110</b></p>  <p>9590 9402 1615 6053 4851 16</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>																	
<p>2. Article Number (Transfer from service label)</p> <p><b>7015 0640 0001 2749 4839</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<input type="checkbox"/> Insured Mail																			
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																			
PS Form 3811, July 2015 PSN 7530-02-000-9053		J. Sorensen Domestic Return Receipt																	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only											
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.											
OFFICIAL USE											
<p>Certified Mail Fee \$3.30</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <table border="0"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$2.70</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$0.00</td> </tr> </table>	<input type="checkbox"/> Return Receipt (hardcopy)	\$2.70	<input type="checkbox"/> Return Receipt (electronic)	\$0.00	<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	<input type="checkbox"/> Adult Signature Required	\$0.00	<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	<p>0110 04</p> <p>Postmark Here</p> <p>MAY 12 2016 05/12/2016</p>
<input type="checkbox"/> Return Receipt (hardcopy)	\$2.70										
<input type="checkbox"/> Return Receipt (electronic)	\$0.00										
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00										
<input type="checkbox"/> Adult Signature Required	\$0.00										
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00										
<p>Postage \$0.47</p> <p>Total Postage and Fees \$8.47</p>											
<p>Sent To <b>K-Mart</b></p> <p>Street and Apt. No., or PO Box No. <b>2100 Carlisle Blvd. NE</b></p> <p>City, State ZIP+4® <b>Albuquerque NM 87110</b></p>											
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions											

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**FAX TRANSMITTAL SHEET**

TO: Legal Department

COMPANY/FIRM: K-Mart Store

FAX NUMBER: (505) 256-0179

DATE: May 12, 2016

FROM: Bleus & Associates, LLC

RE: Incident of May 3, 2016

Number of pages, including cover sheet: (2)

MESSAGE:

Attached please find correspondence of today's date from attorney Nicolas J. Rimmer, Esq.

Thank you for your attention in this matter.

Tonja L. Heller,  
Paralegal  
George Anthony Bleus, Esq.  
Nicholas J. Rimmer, Esq.

STATEMENT OF CONFIDENTIALITY

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